

**DANE COUNTY SSI MANAGED CARE ADVISORY COMMITTEE
ISSUE LOG 2004**

ISSUE	DATE	STATUS	DECISION
1. Service Integration <ul style="list-style-type: none"> • How does the rest of the system exist with the implementation of this funding structure? • What would happen if managed care leaves? • What condition would the county system be in? 	6/24/04	This question will be revisited throughout the process of program design and implementation.	
2. Core Measures and Unique Measures for QA need to be chosen. <ul style="list-style-type: none"> • What type of forum will be used for data gathering? • How will data be used? • How will this process feed into the continuous quality assurance system? 	11/1/04	QA staff from the Milwaukee and Dane projects are communicating to allow for cross-fertilization of ideas and development of possible core measures across programs.	
3. How will resources be pooled in the funding structure? <ul style="list-style-type: none"> • How much risk will the plan assume and what is the county's ability to match funds? • (The capitation rate will account for all Medicaid services to be covered by the plan.) 	6/24/04	This issue has been discussed in meetings between the partners, TMG, and State Administrators.	

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4. SSI population to be served through managed care needs to be defined.	7/30/04	An issue paper discussing medical status codes, demographic egg categories (including CDPS diagnostic groupings) and BRC populations I and II was developed and discussed.	<p>The following cohorts of the SSI population will be served:</p> <p>Adults over the age of 18 who are</p> <ul style="list-style-type: none"> • Physically Disabled • Mentally Ill, and/or have a Substance abuse Disorder • Persons who age into the program (turn 65 during enrollment) • Persons in CSPs <p>Populations to be considered for future enrollment include the:</p> <ul style="list-style-type: none"> • Developmentally Disabled • On Community-Based Waivers
5. QA needs to include quality of life indicators.	6/24/04	<p>The quality assurance workgroup is considering a number of tools/indicators on quality of life issues. Tools include:</p> <ul style="list-style-type: none"> • CAHPS • ROSA • MISHP <p>Indicators for MH/SA pops. include:</p> <ul style="list-style-type: none"> *Employment Status *Living Situation 	
6. How will the public be informed/educated about the SSI Managed Care Program?	6/24/04	<ul style="list-style-type: none"> • Informing materials for the BadgerCare and iCare programs were handed out to the group on 7/30/04 and discussed on 9/24/04. • As soon as major policy decisions are made, the informing materials will be created. 	

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7. An enrollment option needs to be chosen for the program.	6/24/04	<ul style="list-style-type: none"> • An issue paper was presented and discussed at an advisory committee meeting. • The opt out period is currently being discussed by the committee. 	An All In/Opt Out Enrollment Model will be recommended to the Executive Steering Committee.
8. A timeline for Implementation needs to be developed (Phase 1, Phase 2, Phase 3).	6/24/04		
9. The Scope of Services to be provided needs to be defined.	6/24/04		
10. Capitation methodology and payments need to be determined.	6/24/04	<ul style="list-style-type: none"> • The Rate-Setting workgroup is meeting on a regular basis to work on this issue. • They are also working on the cost-effectiveness portion of the waiver application. 	
11. Quality Assurance and Improvement measures and plan needs to be developed along with an evaluation plan.	6/24/04	<ul style="list-style-type: none"> • Three QA workgroup meetings have been held so far. • A quality indicator grid is being developed that reflects the health domains, potential measures, data sources, and whether the group accepts or rejects the indicator. • Minutes for this workgroup are posted on the web at: http://dhfs.wisconsin.gov/medicaid7/advisory_committee/dane/workgroup.htm 	
12. The Contract/QA Crosswalk needs to be completed and a draft contract developed.	6/24/04	<ul style="list-style-type: none"> • TMG needs additional funding to finish the crosswalk. • The contract template is being developed. 	

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13. Consumer input into policies and procedures needs to occur.	6/24/04	<ul style="list-style-type: none"> • Consumers have been recommended to participate in the advisory committee and workgroups. • Three consumers presently are involved in the larger advisory group and workgroups. • Two consumer advocates are members of the advisory committee. 	Ongoing.
14. An implementation workgroup is needed with representation from EDS and operations.	7/30/04	<ul style="list-style-type: none"> • A bi-weekly meeting of state staff already takes place. • EDS and operations will be invited to present to the committee as operational issues arise. 	No additional workgroup is needed at this time.
15. A 1915 (b) Medicaid Waiver Application needs to be made to CMS for the program.	9/1/04	<ul style="list-style-type: none"> • The application is currently being prepared by the department. • Input from the advisory committee and the Great Lakes Inter Tribal Counsel will be incorporated into the application. • The Department will submit the waiver application to CMS in January of 2005. 	